## FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 DEC -5 AM 9: 23

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

E, A, S, T, E, R, N, W, A, S, H, I, N, G, T, O, N, IC, O, MM, LIT, T, E, E, IF, O, R, IP, IR, O, G, IR, E, S, S, I, I					
ADDRESS (number and street)	PIOIBIOXI	131211111111111111111111111111111111111			
Check if different than previously reported. (ACC)	[V]A, L, L, E, Y	FO. P.D.		WA 191910	0,3,6]-[0,3,2,1]
2. FEC IDENTIFICATION NUMBER V		CITY A		STATE ▲ ZIP CODE ▲	
C0.0.5.8.22.	70	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (continue)  July 15 Quarterly Report (continue)  October 15 Quarterly Report (continue)  January 31 Year-End Report (continue)  July 31 Mid-Year Report (Non-electinue) Year Only) (MY)  Termination Report (TER)	Q2) PRE-Ele Report Q3) (d) 30-Day POST-E	ection for the:  Conv  Election on  Election  Gene	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  ary (12P)  ention (12C)  ral (30G)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 0.7 / 50 / 2016 through 1.1 / 20 / 20.1.6  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Signature of Treasurer Carolyn Cress  Date 1.1 26 20.1.6					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.  Office Use  FEC FORM 3X Rev. 05/2016					